## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE COMBINED DECLARATION AND POWER OF ATTORNEY FOR SOLE INVENTOR

As the below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor, of the subject matter which is claimed and for which a patent is sought on the invention entitled as follows: METHOD AND MEDIUM FOR COMPUTER READABLE KEYBOARD DISPLAY INCAPABLE OF USER TERMINATION, the specification and drawings of which are attached hereto.

I hereby state that I have reviewed and understand the contents of the above identified specification and drawings, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code Of Federal Regulations, Section 1.56. I further declare that no application for patent or inventor's certificate on this invention has been filed by me, my legal representative or assigns in any country foreign to the United States of America except as identified below:

## NONE.

Applicant hereby appoints the attorneys of record listed under Customer No. 22885 at ZARLEY, McKEE, THOMTE, VOORHEES & SEASE, 801 Grand Avenue, Suite 3200, Des Moines, Iowa 50309-2721 (telephone number 515-288-3667 and fax number 515-288-1338), as my attorneys to prosecute this application and to transact all business in the Patent Office connected therewith.

Please direct all correspondence to the attention of R. Scott Johnson, Zarley, McKee, Thomte, Voorhees & Sease, 801 Grand Avenue, Suite 3200, Des Moines, Iowa, 50309-2721 (telephone number 515-288-3667).

I hereby declare that all statements made herein are of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title

18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

## **SIGNATURES**

Inventor's signature:

Peter V. Boesen, M.D.

Date: 7-28-2000

Full name of inventor: Peter V. Boesen, M.D.

Residence: Des Moines, Iowa

Post Office Address: 4026 Beaver Avenue

Des Moines, Iowa 50310

Country of Citizenship: United States of America

Inventor's signature: _				
	Thomas J. Mann			
Date:				
Full name of inventor:	Thomas I Mars			
rull name of inventor:	momas J. Mann			

Residence:

330 N. 93<sup>rd</sup> St. Omaha, Nebraska *68(tY* 

Post Office Address:

Country of Citizenship: <u>United States of America</u>

This declaration ends with this page.

	1	1			<b>i</b> .	
· ·			* •		u 🍆	
Applicant or Pat	entee: <u>Peter V</u>	Boesen, M.D.			<u> </u>	
Serial No. or Pat	ent No: TBA					
Filed or Issued:	July 28, 2000					
For: METHOD	AND MEDIUM	FOR COMPUTI	ng readable K	EYBOARD DISPI	AY INCAPABLE	OF USER
TERMINATION	<u> </u>					
	verified s' status (	TATEMENT (D) 37 CFR 1.9(f) A)	ECLARATION) C ND 1.27(b)) - IND	Laiming Smal Ependent inv	LL ENTITY ÆNTOR	
for purposes of predemark Office	naving reduced f	ees under Sectio the invention en	I qualify as an inc n 41(a) and (b) of titled <u>METHOD</u> ERMINATION	Title 35, United \$	States Code, to ti	16 Latent and
[x] the	specification filed	l herewith		<b>~</b> 1		
[]appli []Pater	cation Serial No. at No.			, filed _, iseved .		······································
grant, convey or inventor under small business of Each person, of obligation under	r license, any rig 37 CFR 1.9(c) if t concern under 37 oncern or organ r contract or law	that in the invention had a CFR 1.9(d) or a section to which to assign, grant,	sed and am under tion to any person nade the invention nonprofit organizat I have assigned, convey or license a	who could not b , or to any concer ion under 37 CFR grant, conveyed	e classified as an n which would no 2 1.9(e). . or licensed or	independent of qualify as a am under an
ini Kalada	uch person, conc ons, concerns or o	ern or organizati	on d below*			
*NOTE:	Separate verifie	d statements are	required from each in averring to their	named person, c status as small e	oncern or ntities. (37 CFR 1	.27).
FULL NAME _						
ADDRESS I I INDIVIDUA EULL NAME _	AL (	] SMALL BUSIN	Jess Concern	[] NON	vprofit organ	VIZATION
ADDRESS				( ) ) ( )		TIT A TUON
AUDIVIDUI ( F	AL (	) SMALL BUSIN	vess concern	[ ] NOR	vprofit organ	NIZATION
FULL NAME _						
ADDRESS	AL [	J SMALL BUSIN	ness concern	[] NO	VPROFIT ORGAL	VIZATION
entitlement to	emall entity stat	us prior to paviz	n or patent, notific ng, or at the time us as a small entity	of payment, the (	earliest of the las	sus nee or any
information and willful false sta Title 18 of the application, any	to belief are believed tements and the United States of patent issuing the states of t	ed to be true; and like so made are Code, and that	n of my own know d further that these punishable by fine auch willful false atent to which this	e statements were or imprisonment statements may	or both, under a jeopardize the	Section 1001 of
Peter V. Boss NAME OF INV	en, M.D. ENTOR	NAMI	OF INVENTOR		NAME OF INVE	NTOR
Signature of In	venior Dia	Signa	ture of Inventor		Signature of Inv	entor